



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJ0060802832

ENERCALL INC

INSTALLATION ADDRESS

411 WILSON AVENUE
NEWARK, NJ 07105

Let's protect our earth



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENERGY
DIVISION OF ENFORCEMENT FIELD OPERATIONS
Metro Bureau of Water and Hazardous Waste Enforcement
2 Babcock Place, West Orange, N.J. 07052
(201) 669-3900

DEC 07 1993

Dear Generator:

The New Jersey Department of Environmental Protection and Energy has reviewed its data base listing the amount of hazardous waste manifested off site by regulated generators. Our review indicates that your facility may fall into one of the following categories:

A) Small Quantity Generator

B) One time clean up of a hazardous waste discharge

If your facility does not generate hazardous waste and you wish to deactivate your EPA identification number, prefixed by the letters NJD or NJT, please contact the Bureau of Advisement and Manifest at the address listing below:

New Jersey Department of Environmental Protection & Energy
Division of Hazardous Waste Regulation
Bureau of Advisement & Manifest
401 East State Street, CN 028
Trenton, N.J. 08625

If your facility does generate hazardous waste, but never in quantities greater than 100 kilograms (220 pounds) of listed or characteristic waste, or 1 kilogram (2.2 pounds) of acutely hazardous waste, or 1001 gallons of waste oil in any one month, you may wish to deactivate your fully regulated generator (NJD) number and replace it with a small quantity generator (NJX) number. Applications for the (NJX) number can be obtained by calling Ms. Becky Bonfonti at (609) 292-7081.

Should you decide to retain your fully regulated generator number, your company will be subject to inspections and fees pursuant to N.J.A.C. 7:26-4A.

Should you have any questions concerning this matter, please call Mr. Jeffrey Sterling, Section Chief, at (201) 669-3900.

Sincerely,

Peter T. Lynch, Chief
Metro Bureau of Water and
Hazardous Waste Enforcement

1/R-1N7
02/22/94
BO

ATTACH TO EPA FORM 158-R017

ENERGALL, INC.
411 Wilson Ave.
Newark, N.J. 07105
(201) 589-7777

SECTION X EXISTING ENVIRONMENTAL PERMITS, PART E (other)

PERMIT NO. - 41017
41016
41015
41014

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F N J D 0 6 0 8 0 2 8 3 2 2 1

8 0 0 8 1 8

I. NAME OF INSTALLATION

E N E R G A L L I N C

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 4 1 1 W I L S O N A V E

CITY OR TOWN

4 N E W A R K

ST.

ZIP CODE

N J 0 7 1 0 5

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 4 1 1 W I L S O N A V E

CITY OR TOWN

6 N E W A R K

ST.

ZIP CODE

N J 0 7 1 0 5

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 H E R B E R T G C A S E J R

PHONE NO. (area code & no.)

2 0 1 - 5 8 9 - 7 7 7 7

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 E N E R G A L L I N C

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	6	7	8	9	10	11	12	13	14	15
W	9	2	1	0	3	2	2	2	2	2
1	2	3	4	5	6	7	8	9	10	11

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F005 23 - 26	3 F017 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K078 23 - 26	14 K022 23 - 26	15 K086 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002 23 - 26	32 U004 23 - 26	33 U031 23 - 26	34 U112 23 - 26	35 U140 23 - 26	36 U154 23 - 26
37 U159 23 - 26	38 U161 23 - 26	39 U239 23 - 26	40 U188 23 - 26	41 U220 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)


☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Herbert G. Case Vice President

DATE SIGNED

8-14-80

FORM 1	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	EPA I.D. NUMBER F NJ D 06 0 8 02 8 32 3 D
GENERAL LABEL ITEMS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER	III. FACILITY NAME	PLEASE PLACE LABEL IN THIS SPACE	
V. MAILING ADDRESS	VI. FACILITY LOCATION		

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP **ENERGALL, INC.**

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 LING, CARL W. PRESIDENT	201 5.8.9 7.7.7.7

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN
3 16 WEST FRONT STREET	4 RED BANK
C. STATE D. ZIP CODE	
NJ 07701	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 411 Wilson Ave.	Essex
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (if known)
6 Newark	NJ 07105

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2869	(specify)	C	7	2821	(specify)
15	16	17	18	15	16	17	18
Spent non-halogenated solvent				Spent non-halogenated solvent			
C. THIRD				D. FOURTH			
C	7	2851	(specify)	C	7		(specify)
15	16	17	18	15	16	17	18
Painting Paint residues from industrial							

VIII. OPERATOR INFORMATION

A. NAME				B. Is the name listed in Item VIII-A also the owner?			
C	8	ENERGALL, INC.			C	66	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15	16	17	18	15	16	17	18

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	M	(specify)	C	201	747	8886
S = STATE	O = OTHER (specify)	88		15	16	17	18
P = PRIVATE				19	20	21	22

E. STREET OR P.O. BOX			
C	411	Wilson Ave	
15	16	17	18

F. CITY OR TOWN				G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	Newark		C	N.J.	C	52	Is the facility located on Indian lands?	
15	16	17	18	19	20	21	22	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
C	9	N		C	9	P	
15	16	17	18	15	16	17	18
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
C	9	U		C	9		(specify)
15	16	17	18	15	16	17	18
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
C	9	R		C	9	41017	(specify)
15	16	17	18	15	16	17	18

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

The function of the Energall Inc. operation is to store or blend organic materials which are fuel grade quality. Material is stored in each of four tanks and tested. If necessary blending and or treatment of the product is performed to meet specifications.

F9: A/51

XIII. CERTIFICATION (see instructions)


I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
CARL W. LING, PRESIDENT				11-18-80	

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY			
C			
15	16	17	18

FORM 3 RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
F N J D 06 0 80 2 83 2 3 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

1. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR.

MO.

DAY

73

74

75

76

77

78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

2. NEW FACILITY (Complete item below.)

YR.

MO.

DAY

73

74

75

76

77

78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

2. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PRO-CESS CODE

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

PROCESS

UNIT OF MEASURE CODE

Storage:

CONTAINER (barrel, drum, etc.)

TANK

WASTE PILE

SURFACE IMPOUNDMENT

Disposal:

INJECTION WELL

LANDFILL

LAND APPLICATION

OCEAN DISPOSAL

SURFACE IMPOUNDMENT

S01

S02

S03

S04

D79

D80

D81

D82

D83

GALLONS OR LITERS

GALLONS OR LITERS

CUBIC YARDS OR CUBIC METERS

GALLONS OR LITERS

GALLONS OR LITERS

ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER

ACRES OR HECTARES

GALLONS PER DAY OR LITERS PER DAY

GALLONS OR LITERS

UNIT OF MEASURE

UNIT OF MEASURE CODE

GALLONS

LITERS

CUBIC YARDS

CUBIC METERS

GALLONS PER DAY

L

L

Y

C

U

UNIT OF MEASURE

UNIT OF MEASURE CODE

LITERS PER DAY

TONS PER HOUR

METRIC TONS PER HOUR

GALLONS PER HOUR

LITERS PER HOUR

V

D

W

E

H

PRO-CESS CODE

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

PROCESS

UNIT OF MEASURE CODE

Treatment:

TANK

SURFACE IMPOUNDMENT

INCINERATOR

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

T01

T02

T03

T04

GALLONS PER DAY OR LITERS PER DAY

GALLONS PER DAY OR LITERS PER DAY

GALLONS PER DAY OR LITERS PER DAY

TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE

UNIT OF MEASURE CODE

ACRE-FEET

HECTARE-METER

ACRES

HECTARES

A

F

B

Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER

A. PRO-CESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

FOR OFFICIAL USE ONLY

1. AMOUNT (specify)

2. UNIT OF MEASURE (enter code)

LINE NUMBER

A. PRO-CESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

FOR OFFICIAL USE ONLY

1. AMOUNT

2. UNIT OF MEASURE (enter code)

X-1

S 02

600

G

X-2

T 03

20

E

1

S 02

40,000 000

G

2

T 01

10000000

U

3

4

5

T 01

10,000

G

6

7

8

9

10

EPA Form 3510-3 (6-80)

PAGE 1 OF 5

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The materials are filtered if necessary then transferred into 10,000 gallon blend tanks. After analysis and preblending in the laboratory the materials are blended to satisfy the requirements of major industrial users. Any water settled out is collected and tested. This water is either discharged to the sewer or if treatment is required to Scientific Chemical Processing. Maximum amount of waste water produced is 1000 gallons per day.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number (s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W N J D O 6 0 8 0 2 8 3 2 3 1													W DUP 3 2 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE in storage				C. UNIT OF MEASURE (enter code)	D. PROCESSES																	
										1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	K	O	7	9					P					S	O	2	T	O	1								
2	K	O	8	1					P					S	O	2	T	O	1								
3																											
4																											
5																											
6																											
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26																											

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

6	5	4	3	2	1	T/A	C
F	N	J	D	0	6	0	8
0	2	8	n	3	2	3	6
1	2	3	4	5	6	7	8

$$F6: \overset{A}{55}$$

$$F6: \overset{A}{56}$$

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4 0 4 2 4.50 N

LONGITUDE (degrees, minutes, & seconds)

07 4 07 24.0 W

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no)

ENERGALL, INC.

2 0 1 5 8 9 7 7 7 7

3. STREET OR P.O. BOX

4. CITY OR TOWN

6. ZIP CODE

411 Wilson Ave.

Newark

N.J.

0 7 1 0 5

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

CARL W. LING, PRESIDENT

B. SIGNATURE



C. DATE SIGNED

11-18-80

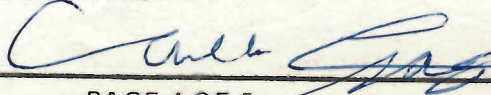
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

CARL W. LING, PRESIDENT

B. SIGNATURE



C. DATE SIGNED

11-18-80

[illegible]

EVERY ALL ✓